

Nashville Area

INDIAN HEALTH SERVICE



2012 Annual Report

In memory and honor of our beloved friend and colleague



Larry Billie

November 1, 1956 – December 23, 2012

Larry Billie was born on November 1, 1956 to Egbert and Noleen Shumake Billie at the Old Indian Hospital in Philadelphia, MS. He attended Choctaw Central High School from 1971–1975. He enlisted in the United States Army in 1975, where he was stationed at Fort Polk, Louisiana and the Panama Canal. After honorable discharge in 1978, he and his family returned to Mississippi, where he was employed with the Mississippi Band of Choctaw Indians as a tutor for Upward Bound Students. He later served as a Behavioral Health Counselor while attending Meridian Community College where he studied for a degree in Psychology. He moved to Nashville, Tennessee in May 1984 and attended Tennessee State University, pursuing a degree in Mathematics.

In 1987, Larry began employment with Indian Health Service as an IT Computer Specialist. He was a great friend, colleague, and employee who served IHS with honor for 25 years. His quiet dedication to the service of native people everywhere will truly be missed, as will his sense of humor and quick smile. Larry's integrity, attitude and performance served as a role model for other staff to follow. He was the epitome of treating others with respect and creating a great working environment for those around him.

He was married to the late Charlene Willis Billie for 35 years. He was blessed with two daughters and ten grandchildren.

Nashville Area INDIAN HEALTH SERVICE 2012 Annual Report

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Nashville Area Indian Health Service

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Tribes • Nations • Locations Served by the Nashville Area

- ◆ Tribe/Tribal Organization
- Urban Program
- Federal Service Unit/Field Office
- ★ Area Office



EXECUTIVE SUMMARY

"It is an honor to serve you as Director of the Nashville Area Indian Health Service."



From the Area Director

To Serve—Effective August 26, 2012, I was selected as the Area Director to serve the Indian Health Service, Nashville Area Tribes in the South and Eastern Region. It is my honor and privilege to serve the Indian Health Service and the population we serve.

The Nashville Area serves a vast region across 14 states, 29 Tribes and 3 urban areas. The Nashville Area IHS is the principle federal health care provider and health advocate in this region serving American Indian/Alaska Natives (AI/AN). Nationally, the IHS provides health services to approximately 1.7 million American Indians/Alaska Natives who belong to more than 562 federally recognized Tribes in 35 states. The Nashville Area is one of twelve offices of the IHS that channel this robust health care delivery system. The Nashville Area provides a full range of the Indian Health Care System through P.L. 93-638 contracts, federally operated and urban clinics. Through the development of partnerships with 29 Tribal organizations, the Nashville Area successfully transferred over \$115 million into negotiated P.L.93-638 Indian Self Determination contracts and operated four federal service units' ambulatory clinics, inclusive of a Regional Youth Treatment Program and two federal contract health referral programs in the state of New York. Overall, I provide executive leadership to the Nashville Area administration with the fiscal responsibility of \$137 million with a staff of approximately 200 employees.

We continue to synchronize all that we do in alignment with the Agency Mission and Priorities. The content of this report demonstrates our effort and accomplishments toward elevating the health status of AI/AN we serve. For example, this report is provided in our effort to make our work transparent, accountable, fair and inclusive. We hope you find this report informative and meaningful. Your feedback is invaluable to us, so please email your comments to martha.ketcher@ihs.gov.

On behalf of the Nashville Area we remain steadfast to our commitment to the health care mission of American Indians and Alaska Natives.

Martha Ketcher, MBA, HCM
Director, Nashville Area IHS

IHS Mission Statement

Our Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Our Goal: To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Our Foundation: To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.



Agency Priorities

- 1) To Renew and Strengthen Our Partnership with Tribes
- 2) To Reform the IHS
- 3) To Improve the Quality of and Access to Care
- 4) To Make All Our Work Transparent, Accountable, Fair and Inclusive
- 5) To Improve Customer Service

Sneak Peek

- Worked with Shinnecock, Tuscarora, Budget Formulation Team, and USET on new appropriations, implementing the Affordable Care Act, and IHCI provisions.
- Reduced the hiring time in FY 2012 by 127 days this year!
- Completed Management Review.
- Expanded deployment efforts for Electronic Health Record and Meaningful Use.
- Published an all-encompassing Annual Report that indicates where our funding comes from and how it is spent.
- Opened new clinics for increased access to care.

PRIORITY 1: TO RENEW AND STRENGTHEN OUR PARTNERSHIP WITH TRIBES

Formed joint Federal/Tribal team, consulted and successfully completed the 2014 Budget Formulation process. Consultation with Area Tribes was achieved along with consensus on top five budget line item increases. Formed team and initiated 2015 Tribal Budget Formulation Process in October 2012.

Prepared for, participated in and supported multiple tribal consultation sessions including:

- 1) United South and Eastern Tribes (USET) meetings in November, February and June where presentations to the board of directors and health committees were delivered and consultation from our customers received;
- 2) Area consultation session in January to update tribal resolution related to the USET 638 contract;
- 3) Listening Session with the Director and USET Board in February;
- 4) HHS Regions 1, 2, 4 and 6 consultation sessions in February, and
- 5) HHS tribal consultation session in Denver in August. In addition, the Area Director supported travel of several Tribal representatives to attend the IHS National Consultation Session in March.

Planning was initiated; initial assessments completed, positive contacts and relationships were established with the newly federally recognized Shinnecock Nation. The Area worked collaboratively with the Nation to assemble an initial funding request, which was submitted to IHS HQ on January 17, 2012.

At the close of FY 2012, eight Title V compacts and funding agreements were successfully negotiated. Title V Tribes in the Nashville Area received total funding of \$84,672,906 to help provide health care to eligible individuals within the Area. Tribes within the Area chose to negotiate \$4,136,905 total buybacks with the Indian Health Service to allow the agency to continue helping provide various services to improve the quality of care to patients.

Provided first services to the Tonawanda Seneca Nation for individual sanitation facilities. IHS is also establishing a service-oriented relationship with the Tonawanda Seneca Nation, toward the ultimate goal of improving the health and well-being of its members by improving access to clean water supply and safe wastewater disposal facilities.

Supported and conducted the first annual Urban Conference in FY 2012; the outcomes were: provided training, and an overview of the roles and responsibilities of Area Office personnel and headquarters staff. Presented on GPRA Overview and Behavioral Health Matrix and Building Relationships with the VA. There was 100% participation from Urban program staff, which consisted of Executive Directors, Health Directors, other health professionals.

Successfully negotiated and awarded 14 PL 93-638 Title 1 tribal health contracts/funding agreements delivering \$37,186,155 to area tribes providing health care services.

Successfully implemented 14 new IHCA provisions into PL 93-638 Title I tribal health contracts that provided new opportunities and flexibilities to tribes in delivering health care.



Consultation session with Tribes on USET 638 Contract issue in January 2012.



USET Meeting Fall 2011, hosted by Mississippi Band of Choctaw Indians.



Phyllis Wolfe, Director, IHS Office of Urban Indian Health Programs presents at the Nashville Area Urban Indian Health Conference, February 2012.

PRIORITY 1: TO RENEW AND STRENGTHEN OUR PARTNERSHIP WITH TRIBES



Mississippi Band of Choctaw Indian Tribal Chief, Phyllis J. Anderson signs MBCI and IHS joint venture.



New federally recognized tribe, the Shinnecock Indian Nation, and Nashville Area IHS meet January 11, 2012 in Southampton, NY to develop appropriations request.



Partnership with USET on outreach and education of the Affordable Care Act (ACA) and Indian Health Care Improvement Act (IHCA).



Dr. Brown leads our collaborative efforts with the VA to improve health care for our Native American veterans.



Nashville Area IHS meets with Earl J. Barbry, Sr., Chairman, Tunica-Biloxi Tribe of Louisiana to provide technical assistance to Title I P.L. 93-638 Program.



CAPT Helgeson presents at the USET Board Meeting, May 2012.



Nashville Area and IHS HQ meet annually with Self Governance Tribes for Tribal shares updates in preparation for 2013 negotiations.



IHS Region IV Director, Anton Gunn, spoke to NAO staff on how the Affordable Care Act impacts the AI/AN.



Ralph Ketcher, Chief Contracting Officer, presents at the Nashville Area Urban Indian Health Conference.

Formed Area HSPD-12/Personal Identify Verification (PIV) team to manage and expand PIV credentialing and card services. PIV card stations expanded from one at the area office to five additional in field sites. Team drafted and issued new Area policy and detailed standard operating procedure on all aspects of PIV card issuance and management in preparation for October 2012 HHS accreditation review. Four Nashville Area field sites were the first sites in IHS to be reviewed by HHS. HHS accreditation of four NAO PIV facilities was received which represented the first in IHS for this current review period. The reviewer commented on the superior preparation of the Nashville Area.

Designed and established unique and creative Area processes and procedures using a baseball themed tracking tool to meet the Human Resources 80-day hiring time model. As a result, average hiring time decreased by more than 1-20 days (-40%) and the number of positions increased by 15 (+68%) over FY 2011 baseline levels. Additional resources, in the form of two new HR staffing specialists, were brought in to address the backlog of vacancies and further reduce hiring time. An independent evaluation report was completed on HR performance and new process-improvement projects were identified to chart the path towards improved performance in 2013.

Participated as the Nashville Area federal representative to the IHS Director's Workgroup on CHS that resulted in a 7-point plan for reforming the CHS system for the Agency.

Continuously updated and maintained the health facility database system as new information was received which ensures the equitable generation of M&I (maintenance and improvement) and equipment funds based on Maximum Supportable Space and historical patient workload.

Implemented the new Project Management Program (PMPro) national guidelines at the Area level. In the development of new sanitation facilities projects for Nashville Area Tribes, prepared 25 Project Engineering Reports (PERs) or Project Development Plans (PDPs). These additional documents are part of an IHS-wide program to ensure sanitation facilities projects are developed more thoroughly and scoped appropriately to ensure long-term success in improving the health and well-being of Tribal members served by Tribal water and wastewater systems.

Began implementation of a national IHS program to populate every Indian home on the Homeowner Tracking and Inventory System (HITS). In FY 2012, populated this online database with about 2,700 reportable Indian homes. Ultimately, this effort will fully document the service population to Congress and will demonstrate the need for the sanitation facilities program with a granular level of detail.

New environmental health performance indicators implemented this year and tracked in the Web based Environmental Health Reporting System (WebEHRS). Food service performance indicator baselines established and tracked for six tribal Head Starts programs and six tribal Elder Feeding Programs. Strategies developed with tribal input and put in place to reduce critical violations and improve performance for 2013.

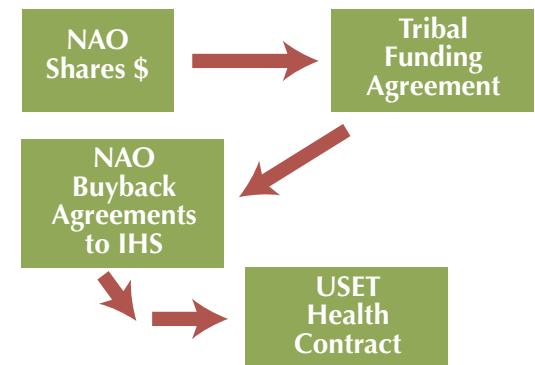
In FY 2012, new delegation of authority were issued to local service unit contract health service coordination to improve efficiency of processing purchase orders.



Dr. Ricks led our team to a successful Management Review as required by the Senate Committee on Indian Affairs in FY 2012.

USET 638 Funding Procedure

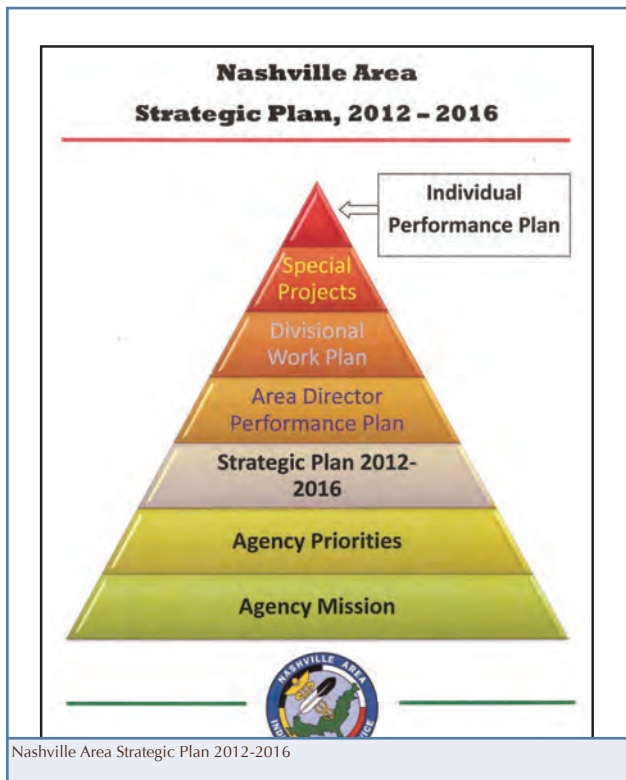
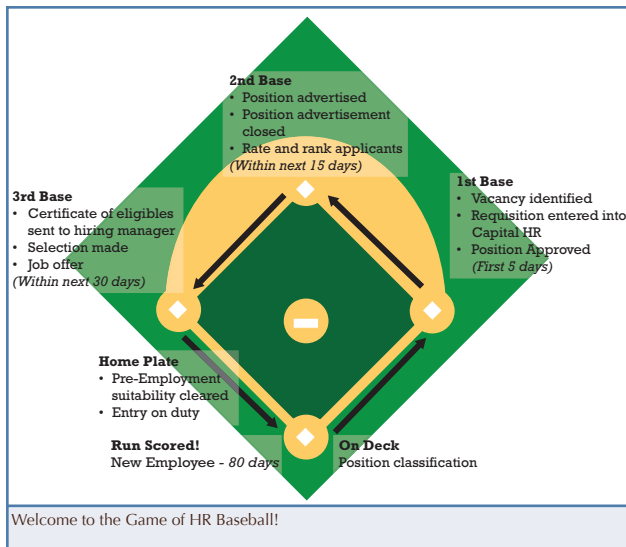
Old Process



New Improved Process



PRIORITY 2: TO REFORM THE IHS



In Promotion of Efficient Spending in Support the Agency Operation we have reduced the number of Purchase card transactions by 20% from 1156 in 2011 to 922 in 2012.

Reduced the average time frame from requisition approval to contract award by 21% from approximate 24 days to an average of 19 days.

In FY 2012 the Nashville Area Office contributed to the DHHS successfully exceeding all Small Business Goals which include local tribal contractors providing services in the USET service area for the following DHHS-wide amounts and type of small business:

- \$220 million to Small Businesses,
- \$53 million to Small Disadvantaged Businesses,
- \$53 million to Women-Owned Small Businesses,
- \$19 million to Historically Underutilized Business Zone Small Businesses, and
- \$16 million to Small Disadvantaged Veteran-Owned Small Businesses.

Trained Health System Administrators to project budget, third-party projections, and expenditures.

Implemented 56 projects that align with the Area's new 2012-2016 strategic plan.

Multiple business operations were analyzed through process mapping to improve efficiency of operations and eliminate process errors.

Nashville Area Division Dashboard				
Measurement	Frequency/Deadline	Performance Target	Performance To-Date	Current Status
Office of Environmental Health and Engineering (OEHE)				
DSFC: Total # of projects completed (CY)	Monthly	30	13	43.3%
DSFC: (ARRA) # of projects completed (CY)	Monthly	10	6	60.0%
DSFC: Total # of Final Reports published (FY)	Monthly	30	6	20.0%
DSFC: Maintain average duration < 3.0 years	Monthly	Average < 3.0 years	2.8	2.8
DSFC: Process pay requests < 15 days (ave.)	Monthly	Average < 15 days	14	14.0
DSFC: Total # of homes served (GPRA)	Annually	1000	0	0.0%
DSFC: Total SDS \$ Need (eligible)	Annually			
DSFC: Total # of Active Projects	Monthly		329	
OEHE: (ARRA) - % funds disbursed (FY)	Monthly	90% (Oct)	86%	86%
OEHE: (ARRA) - % of Recipients Reporting	Quarterly	100	100	100.0%
OEHE: Secure COYR Certification for PM's	Monthly	1	1	100.0%

Division Dashboards help to manage projects, monitor performance and make improvements where needed.

PRIORITY 3: TO IMPROVE THE QUALITY OF AND ACCESS TO CARE

Assisted 72 applicants from the Nashville Area to apply for the IHS scholarship program which resulted in 21 scholarship recipients, preparing students to become successful healthcare professionals. The number of recipients in 2012 represented a 90% increase from the 11 recipients in 2011.

The Chief Medical Officer provided 29 days of clinical care to patients at three Nashville Area sites, and conducted 20 site visits for technical assistance and/or program review to 12 different Nashville Area Tribes/Nations.

The Nashville Area Service Units received re-accreditation, demonstrating quality of care with Micmac and Catawba Service Units receiving 3-year re-accreditation through the Accreditation Association for Ambulatory Health Care (AAAHC), Unity Healing Center receiving Joint Commission re-accreditation, and Mashpee Wampanoag Health Service Unit beginning the process of AAAHC accreditation. A mock survey team assisted these programs to achieve accreditation and also assisted the Oneida Nation, Passamaquoddy Indians at Pleasant Point, and the Mississippi Band of Choctaw Indians in preparation for accreditation.

Increased access to pharmacy at the Catawba Service Unit by hiring two new mid-level providers, filling critical business office positions, resulting in increases revenue to continue the expansion of services. Additionally, pediatric services increased in FY 2012 along with the start of a Tele-Behavioral Health Clinic.

The Catawba Service Unit increased quality and access by incorporating new programs including:

- Over The Counter Clinic
- Smoking Cessation Clinic
- Emergency Contraception Clinic
- Medication Management Clinic

The Mashpee Wampanoag Health Service Unit opened their health care facility and began providing medical, lab, and behavioral health services, with future plans to provide dental services.

The Mashpee Wampanoag organization also worked closely with the local VA medical center in Providence, Rhode Island and the Mashpee Wampanoag Tribe to better serve Native American veteran tribal members.

The Micmac Service Unit improved quality and access to care by expanding dental services, e-prescribing by creating a lab interface, and hiring two providers.

The Micmac Service Unit met 20 out of 21 GPRA measures in 2012, and the clinic was also recognized for achieving 100% for our immunization program by the State of Maine.

The Unity Healing Center, the Nashville Area Regional Youth Treatment Center, successfully discharged 23 adolescent residents and implemented a Tele-Psychiatry program.

The Manlius Contract Health Service Program in Manlius, New York began providing contract health service support to the Tuscarora Nation.



Opened New 10,900 square foot clinic to serve the Houlton Band of Maliseet Indians.



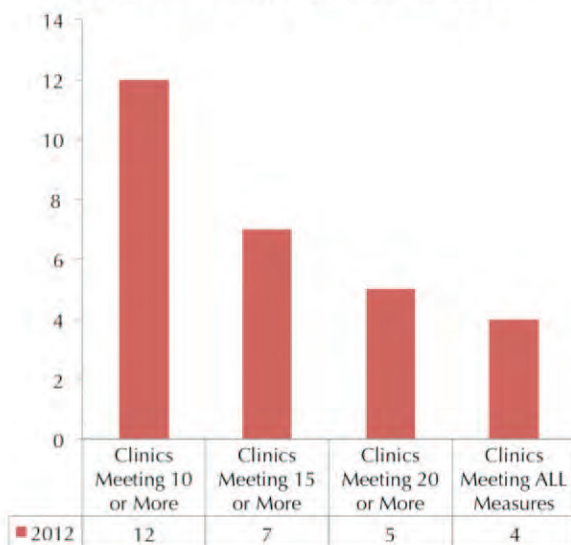
Water discharges during a pump test to assess water quantity and quality at the Passamaquoddy Pleasant Point Indian Reservation.



The Nashville Area and the Environmental Protection Agency performed a Needs Survey of eight public water Nashville Area Tribes.

PRIORITY 3: TO IMPROVE THE QUALITY OF AND ACCESS TO CARE

GY2012 - # of Clinics (out of 17) meeting 10, 15, 20 or more GPRA Measures out of 21



The Nashville Area had four programs meet all 21 GPRA measures and 12 meet at least 10 of the measures, indicative of the quality of care provided in the Nashville Area.



The Nashville Area and the Environmental Protection Agency performed a Needs Survey of eight public water facilities for Nashville Area Tribes.

The Nashville Area Office of Public Health and Chief Medical Officer collaborated to provide three Area-wide annual meetings and 37 trainings to broaden the knowledge of health professionals in the Nashville Area.

Provided programs with monthly GPRA report cards and eight-year trend reports. As a result of local efforts and Area support, Nashville Area programs met 11 of 21 measures, and federal service units met 21 of 21 measures. Two programs, Choctaw and Seminole, received national awards in the annual IHS Dental GPRA Awards, and eight other Area dental programs received honorable mention, the highest of any IHS Area. Finally, four Nashville Area programs – Chitimacha, Micmac, Catawba, and Oneida – met all 21 measures, the most of any IHS Area.

The Electronic Health Record (EHR) and Electronic Dental Record (EDR) have helped improve efficiency in the delivery of health care in the Nashville Area. Through collaboration between the Division of Information Resource Management and the Area Clinical Applications Coordinator, four new sites – Narragansett, Houlton Band of Maliseet Indians, Mashantucket Pequot, and Penobscot – had an EHR setup to prepare for EHR go-live and three new sites – Indian Township Passamaquoddy, Mashpee Wampanoag, and Mashantucket Pequot – went live on the EHR this year, and two sites – St. Regis Mohawk and Poarch Creek – went live on the EDR. The Area Clinical Applications Coordinator conducted multiple trainings related to the EHR, including four EHR setups, five end-user trainings, 12 pharmacy trainings, and meaningful use assessments of 20 programs.

During FY 2012, three Area tribes applied for and received payments for Meaningful Use of EHR Incentive Payments totaling \$617,603.

Completed 21 sanitation facilities projects, serving 2,200 Indian homes. These 21 projects were valued at \$26 million, and were completed with an average project duration of 2.87 years. This average project duration was below the National IHS target of 4.0 years per project, and the Area target of 3.0 years per project.

Established 30 new sanitation facilities projects worth \$8.2 million, to serve 3,300 Indian homes. These projects were funded by contributions from the IHS, the Environmental Protection Agency (EPA), the U.S. Department of Agriculture Rural Development Program (USDA-RD), or the Tribes themselves.

Secured \$70,000 in emergency funding and completed construction for the Aquinnah Wampanoag Tribe Wastewater Treatment Plant Repair. A sand filter on the Tribe's wastewater treatment plant completely failed in spring 2012. Were the sand filter not repaired very quickly, environmental damage and threats to human health would have resulted. IHS secured funding and assisted the Tribe to complete construction within just three months, thus minimizing health risks to the 30 Indian homes served by the treatment plant.

Provided technical support in general environmental health, institutional environmental health and injury prevention to all area tribes throughout the year. Each request was responded to within 48 hours.

PRIORITY 3: TO IMPROVE THE QUALITY OF AND ACCESS TO CARE

Completed institutional environmental health surveys of tribal clinics at Jena Band of Choctaw Indians, Tunica Biloxi, Coushatta, Alabama-Coushatta, Pequot, and Passamaquoddy Indian Township with emphasis on infection control and occupational safety. Supported and protected safety of patients and staff in facilities and the quality of health care delivered.

Completed industrial hygiene (air quality) surveys at the Shinnecock Nation (mold evaluation of 5 homes) and the Micmac Tribe (mold evaluation of 4 homes) and provided remediation recommendations. Protected health of tribal families in their homes. Mold in homes can cause respiratory distress in susceptible individuals.

Increased commercial contracting awards purchasing goods, property or services supporting Nashville area office and service unit health care delivery operations by 12% from \$4.69 million in 2011 to \$5.27 million in 2012.

Successfully awarded two (2) contracts with a total value \$1,020,100 in support of establishing new Dental facility and services for Micmac Service Unit and Mashpee Wampanoag Health Service Unit.

Ensured that all Resource and Patient Management System (RPMS) application patches were applied in a timely manner thereby ensuring that patient services and reporting weren't impacted. Further ensured that critical RPMS patches regarding Diabetes Management, Clinical Reporting System (GRPA) as well as other vital initiatives for the Nashville Area were installed in an urgent fashion.

Traveled to the various tribal locations to install newly purchased RPMS servers and evaluate local operations. Helped to improve network capabilities at various locations visited.

Recommended the purchase of IT equipment to facilitate the start of health care services for the Lockport Service Unit. Created an RPMS database capable of supporting the IHS EHR package from the start of services being delivered at the Health Center.

Assisted with installation of newly acquired Windows Servers for running the IHS EHR Graphical User Interface (GUI) software at over 7 tribal locations throughout the Nashville Area.

Managed and acquired TRANSAM assets over \$7 million of excess property from other federal agencies for distribution to Tribal and IHS clinics and hospitals across the country. Slightly over \$1 million worth of medical equipment was obtained from the Walter Reed Hospital and some of these have already been shipped to sites needing them. Transferred \$4.7 million to over 70 Tribal and IHS facilities nationwide.

Prepared and submitted the FY 2013 Area Spending which is used by Headquarters for appointments by the Office of Management and Budget to fund health services.

Worked with the Health System Administrators to ensure open documents are finalized, preserving \$381,874 in expiring funds.



The TRANSAM program acquired medical services vehicles from across the nation to redistribute throughout the IHS, filling operational needs for IHS facilities.

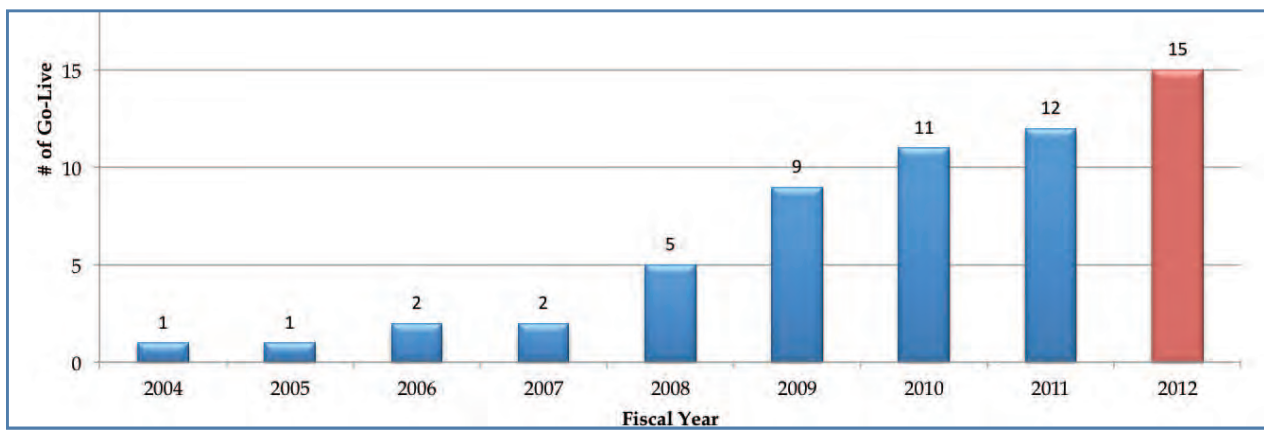


A well is drilled to provide access to safe drinking water for an Indian home at the Tonawanda Band of Seneca Indians Reservation in New York.



The DIRM installed new RPMS servers to allow health centers to meet the increasing IT demands from EHR implementation.

PRIORITY 3: TO IMPROVE THE QUALITY OF AND ACCESS TO CARE



As of September 2012, fifteen Nashville Area sites are live on the Electronic Health Record.



Helping oversee, provide guidance for, and report on the Methamphetamine Suicide Prevention Initiative (MSPI) in seven programs in the Nashville Area and two programs on the Domestic Violence Prevention Initiative (DVPI).



The Mock Survey Team assisted Nashville Area programs to prepare for Accreditation or Re-Accreditation. Not pictured: Dr. Tim Ricks and CDR Kit Grosch.



The Office of Public Health met regularly to strategize on ways to improve health by increasing access and improving quality of care.



Continuity of Operations Plan (COOP) Exercises ensure the NAO stays open and access continues in the event of an emergency.



Mashpee Wampanoag Health Service Unit Ribbon Cutting Ceremony.



Catawba Service Unit is recognized for achieving 21 of 21 GPRA measures.



Construction of a septic system on the Tuscarora Nation using federal procurement improves sanitation for the Nation's citizens.

PRIORITY 4: TO MAKE ALL OUR WORK TRANSPARENT, ACCOUNTABLE, FAIR, AND INCLUSIVE

NAO successfully met allocated HHS Efficient Spending travel targets through; 1) issuance of a memo that implemented new internal controls and advocated creative strategies supporting travel cost reductions, and 2) identifying and assigning the new role of relocation coordinator for the purposes of controlling relocation costs. Finished the year at 92% of travel target thereby reinforcing that NAO was a wise steward of travel resources.

Established master tracking sheet, Sharepoint site and processes to initiate and track 55 high level area projects that cut across all divisions and represented major initiatives focused on meeting Agency initiatives. Area leadership conducted meetings with project champions and followed up with quarterly emails reinforcing reporting deadlines. 29 projects were brought to successful completion with remaining re-charged for success in 2013.

Created new standard delegation memo templates for use in assigning iProcurement requestor and receivers in the Unified Financial Management System (UFMS). Issued 15 memos to Area personnel to assure local accountability and communicate training requirements.

Processed UFMS iProcurement Requisitions and Budget Execution requests the same day they reached signature queue. Efficient processing of actions assured timely processing of UFMS awards, payments and obligation of funds.

All existing Nashville Area policies were reviewed to determine need. Fifty-one were rescinded, 27 new policies were approved and posted on the internal NAO website.

All federally-operated service units participated in regular meeting between the service unit and tribal leadership in an effort to be transparent with the tribe.

The annual inventory audit was conducted resulting in 100% of inventory being accounted for all facilities including the service units in the Nashville Area.

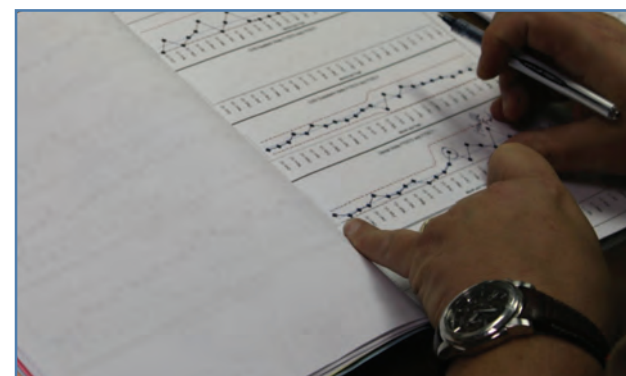
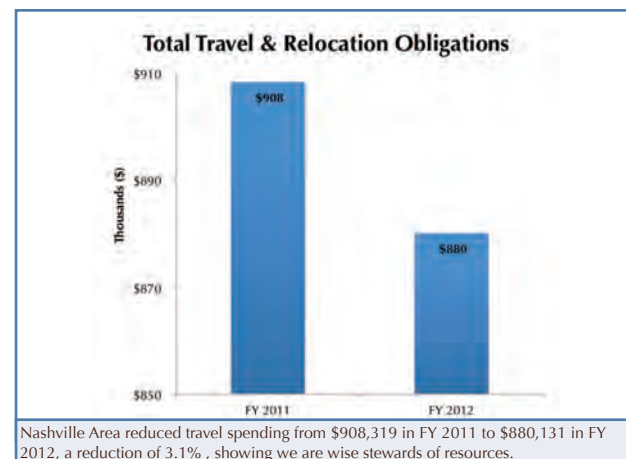
In an effort to improve transparency as well as assist Tribes, the Area Statistical Officer provider periodic user population estimates and workload estimates to the Tribes of the Nashville Area. She also worked with sites to identify and correct errors discovered at the National Data Warehouse.

Completed all facilities and equipment projects and expended 100% of remaining funds for projects funded by American Recovery and Reinvestment Act (ARRA). These projects have helped Tribes achieve much-needed improvements to existing facilities, improved and enhanced patient care. A total of \$3.3 million dollars was allocated to facility maintenance (M&I) and about a \$1 million dollars was allocated to Equipment purchase and installation. Tribes who benefited from ARRA funding included: Houlton band of Maliseet Indians, Penobscot Indian Nation, Narragansett Indian Tribe, Passamaquoddy Indian Township, Pleasant Point Indian Reservation, Mississippi Band of Choctaw Indians, and Eastern band of Cherokee Indians.

Published 20 final reports of sanitation facilities construction projects, closing out those projects and releasing all pertinent information about those facilities to the Tribes served.



The Nashville Area team meets to renew our lease on the Calumet building.

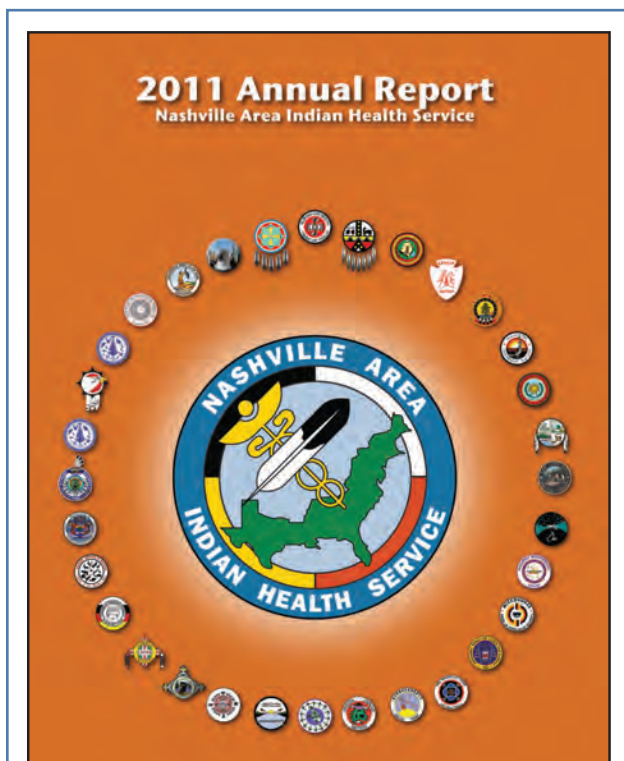


The OPH keeps extensive statistical data in order to find ways to improve access to and quality of care.

PRIORITY 4: TO MAKE ALL OUR WORK TRANSPARENT, ACCOUNTABLE, FAIR, AND INCLUSIVE



The Nashville Area Facebook page.



The Nashville Area published a comprehensive 2011 Annual Report, detailing our funding sources and how those resources are spent.

Ensured successful and timely entry of all Title 1 contract data (accessible for Tribes and passcode protected) and supporting documentation to the IHS Self-Determination Database. DEAA is 100% compliant with this element.

Maintained compliance in ensuring all commercial contracts are entered into the Departmental Contracting Information System (DCIS). We are 100% compliant with this mandated requirement.

Created a Facebook presence for the Nashville Area Office in an effort to increase patient awareness. Assisted various tribes with their Facebook pages and assisted them with being able to access those pages from within the IHS network. An average of 200 people access the page each week, compared to less than 20 one year ago, with a potential reach (friends of friends) of over 50,000 visitors.

Facebook Topics: HIV/STI Testing, Anti-Bullying, Meth & Suicide Prevention, Nutrition & Obesity, Diabetes Control & Prevention, Immunizations, Tobacco Cessation, Quality Improvement, Public Health Event Announcements, Educational Resources.

The average turnaround time for tribal payments was 1-2 days with an average of 90% of payments paid on time overall. The number of invoices paid: 8,457 with a dollar amount of \$68,704,069.

In FY 2012, 97% of US Treasury schedules were reconciled.

Mashpee Service Unit has established quarterly meetings with Tribal Consultation where the overall accomplishments of the operation are presented, including staffing updates, GPRA scores, services received, user population and budget. In order to improve transparency, the Area Director responded to requests heard from DST meetings and in addition to showing the area budget, has given Mashpee Service Unit their individual budget to be presented to the Wampanoag Tribe.

Reported to Health Committee on elder abuse, raising awareness of elder abuse in Indian Country.

IHS Director Award Recipients

Customer Service

- Cheryl Corbin
- Scott McCoy

Commissioned Officer – Outstanding Service Medal

- Dr. Tim Ricks

Individual Awards

- Dr. Harry Brown
- CDR Mary Beth Dorgan
- CAPT Scott Helgeson
- Lindsay King
- Barnie White

Team Award

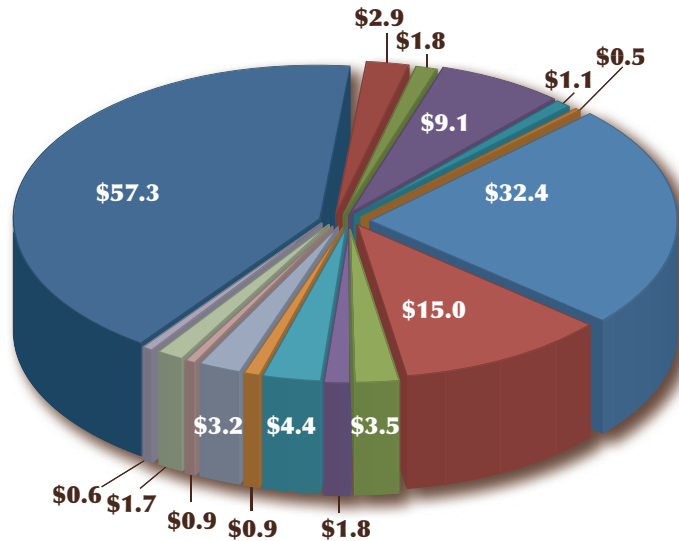
- Micmac Service Unit GPRA Team

PRIORITY 4: TO MAKE ALL OUR WORK TRANSPARENT, ACCOUNTABLE, FAIR, AND INCLUSIVE

Where Our Money Comes From

Recurring Base
in millions

Total = \$137.1 Million

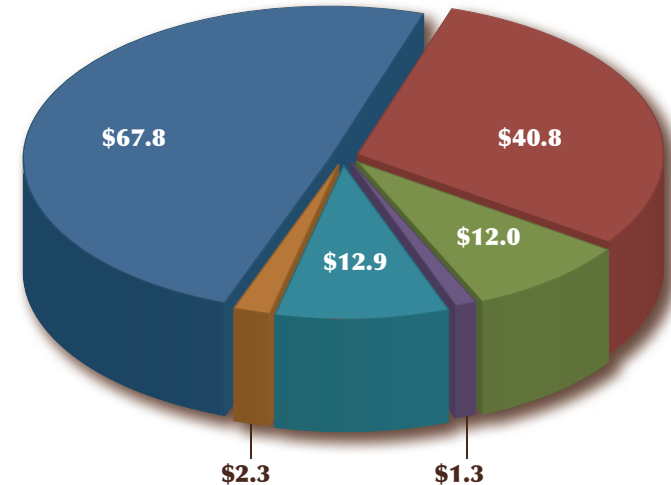


ACTIVITY	MILLIONS	RECURRING BASE	DIFFERENCE FROM FY 2011**
Hospital & Clinic	57.3	57,332,694	-0.14%
Dental	2.9	2,880,998	-0.16%
Mental Health	1.8	1,773,458	-0.16%
Alcohol & Substance Abuse	9.1	9,076,961	-0.16%
Public Health Nursing (PHN)	1.1	1,083,003	-0.16%
Health Education	0.5	517,957	-0.16%
Contract Health Services (CHS)	32.4	32,442,609	7.49%
Indirect Costs	15.0	15,025,475	15.13%
Community Health Representative (CHR)	3.5	3,481,409	-0.16%
Direct Operations	1.8	1,782,511	-0.16%
Direct Contract Support Cost (DCSC)	4.4	4,389,631	2.50%
Urban	0.9	943,968	2.78%
Environmental Health Services (EHS)	3.2	3,204,379	-0.19%
Facilities	0.9	933,814	18.79%
Maintenance & Improvement (M&I)*	1.7	1,678,345	2.59%
Equipment*	0.6	613,523	-0.35%
TOTAL	\$137.1	\$137,160,735	3.34%

Where Our Money Goes

Recurring Budget
in millions

Total = \$137.1 Million



ACTIVITY	MILLIONS	RECURRING BASE	DIFFERENCE FROM FY 2011**
Self Governance*	67.8	67,809,753	0.10%
638 Title I	40.8	40,792,583	12.07%
Service Units†	12.0	12,020,326	2.56%
Urban Programs	1.3	1,304,005	-0.16%
Area Office	12.9	12,942,200	-2.75%
Maintenance, Improvement & Equipment (MI&E)‡	2.3	2,291,868	1.79%
TOTAL	\$137.1	\$137,160,735	3.34%

NOTES:

* Title V

† Clinics and Regional Youth Treatment Centers

‡ Maintenance, Improvement & Equipment are Non-Recurring Funds.

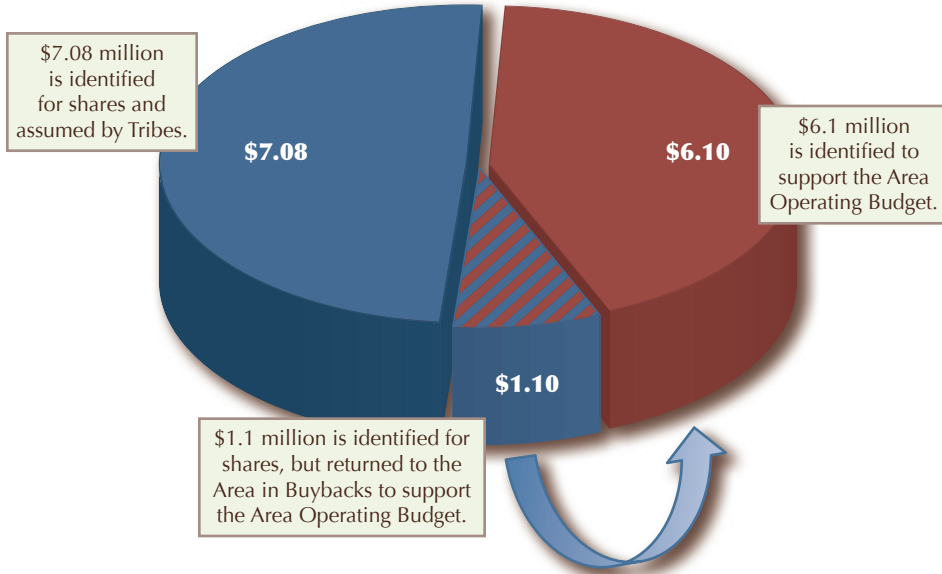
** Reductions reflect Congressional Rescission.

PRIORITY 4: TO MAKE ALL OUR WORK TRANSPARENT, ACCOUNTABLE, FAIR, AND INCLUSIVE

Where Our Money Goes

Operating Budget
in millions

Total = \$13.2 Million
includes new tribes

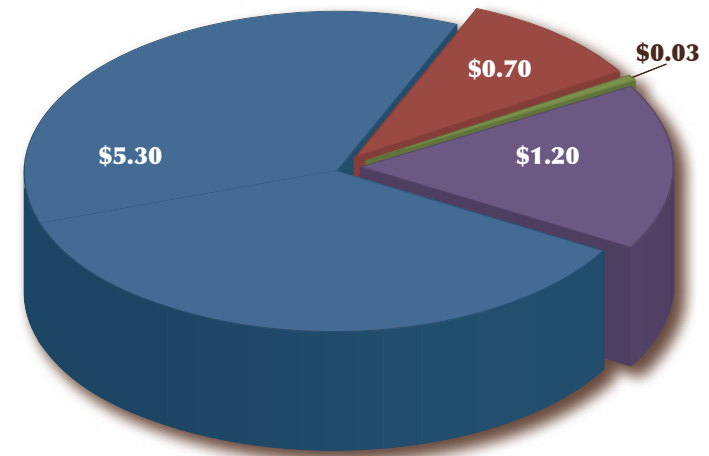


ACTIVITY	MILLIONS	DIFFERENCE FROM FY 2011**
Tribal Shares	\$7.08	-0.28%
Area Operating Budget	\$6.10	-4.69%
Buybacks	\$1.10	10.00%

Where Our Money Goes

Line Item Operating Budget
in millions

Total = \$ 7.23 Million



ACTIVITY	MILLIONS	DIFFERENCE FROM FY 2011**
Personnel	5.30	-3.6%
Travel	0.70	133.3%
Trainings	0.03	-40.0%
Other (assessments, lease)	1.20	-14.3%
TOTAL	\$7.23	-0.3%

NOTES:

** Reductions reflect Congressional Rescission.

PRIORITY 4: TO MAKE ALL OUR WORK TRANSPARENT, ACCOUNTABLE, FAIR, AND INCLUSIVE

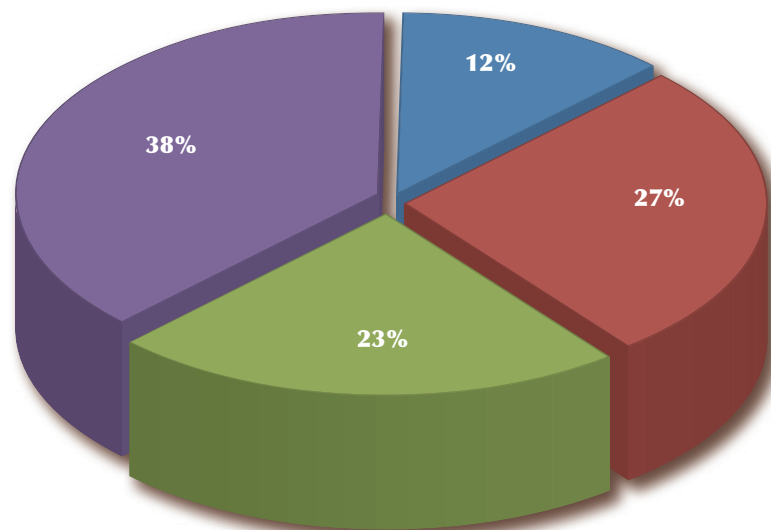
Savings as a Percent Total Billed

Nashville Area Federally Operated Programs

This graph illustrates the contractual and alternate resource savings, and the total paid, as a percent of total billed charges.

Total Billed = \$6.8 Million

- Contract Savings*
- MLR Savings[†]
- Alternate Resource Savings[‡]
- Total Paid**



What Does This Mean?

Cost savings occur when the total amount billed is adjusted to a lower amount (total paid) through contracts, Medicare-like rates, and alternate resource payments.

Number of Processed Claims

The figures below refer to the number of claims processed (for any PDO^{††} FY) for each Service Unit within the specific FY.

FY	MICMAC	CATAWABA	MANLIUS	MASHPEE	TUSCARORA	TOTAL
FY 2012	1,196	1,726	932	1,245	211	5,310

Paid Claim Financial Summary

The amounts below reflect all claims paid and or adjusted (for any PDO FY) within the current FY through the current reporting month. Total paid refers to the amount paid taking into consideration contractual, MLR and alternate resource savings.

	MICMAC	CATAWABA	MANLIUS	MASHPEE	TUSCARORA	TOTAL	%
Total Billed	743,270	1,389,304	2,881,192	957,068	803,309	6,774,143	
Contract Savings*	-52,295	-145,618	-555,875	-23,172	-1,219	-778,179	11.49%
MLR Savings [†]	-312,808	-392,502	-789,976	-104,754	-227,278	-1,827,318	26.97%
Total Allowed	378,166	851,184	1,535,340	829,142	574,813	4,168,646	
Alt Res Savings [‡]	-102,051	-335,559	-609,457	-224,880	-310,258	-1,582,205	23.36%
TOTAL PAID**	\$276,115	\$515,625	\$925,883	\$604,262	\$264,555	\$2,586,441	38.18%

NOTES:

- * Contract Savings is calculated as the total billed charges minus the total allowed considering contracts and rate quotes in place.
- † Medicare-Like Rates
- ‡ Alternate Resource Savings is calculated as the total allowed considering contracts and rate quotes, minus the amount paid.
- ** Total Paid excludes interest payments.
- †† Purchase Delivery Order

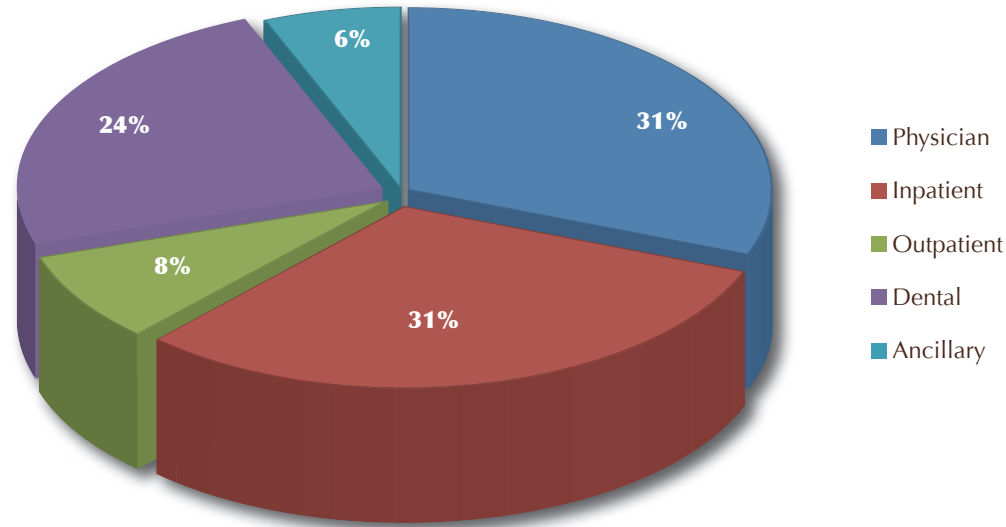
PRIORITY 4: TO MAKE ALL OUR WORK TRANSPARENT, ACCOUNTABLE, FAIR, AND INCLUSIVE.

Payments by Type of Service
Nashville Area Federally Operated Programs

Total Paid = \$2.6 Million

What Does This Mean?

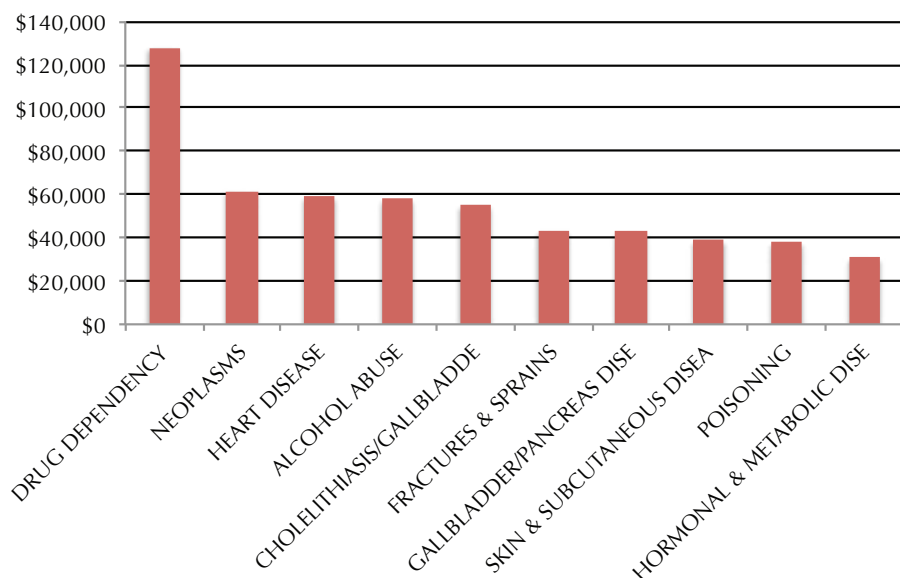
The Total Paid relates to charges associated with the type of service provided. For instance, 31.23% of all payments through CHS went to physician services in FY 2012.



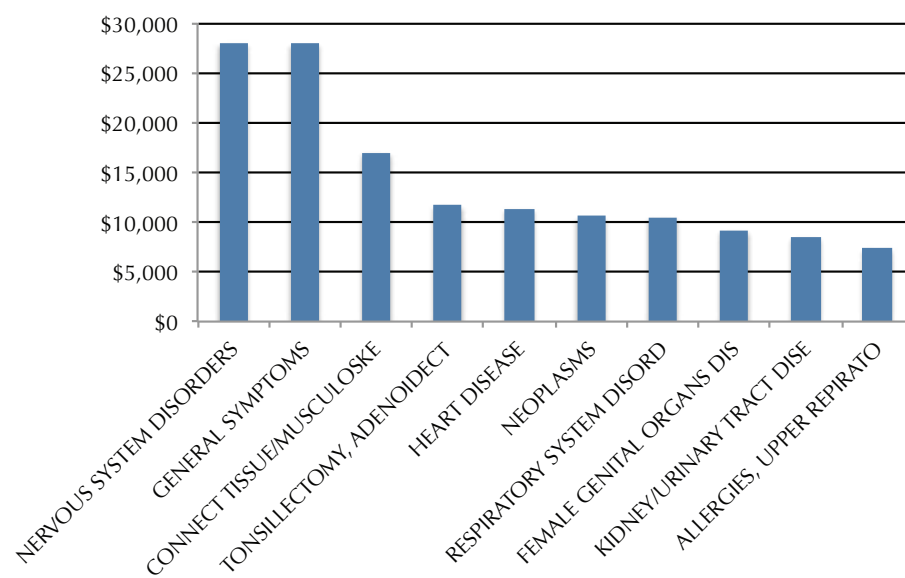
	MICMAC	CATAWBA	MANLIUS	MASHPEE	TUSCARORA	TOTAL	%
Physician	99,062	311,376	254,134	65,725	77,337	807,635	31.23%
Inpatient	41,226	14,193	473,032	88,943	183,803	801,197	30.98%
Outpatient	69,381	77,147	47,393	8,237	3,415	205,573	7.95%
Dental	30,887	63,019	142,624	388,727	0	625,257	24.17%
Ancillary	35,559	49,889	8,700	52,629	0	146,778	5.67%
Non-Patient Specific	0	0	0	0	0	0	0.00%
TOTAL PAID	\$276,115	\$515,625	\$925,883	\$604,262	\$264,555	\$2,586,441	100.00%
% OF TOTAL	10.68%	19.94%	35.80%	23.36%	10.23%	100.00%	

PRIORITY 4: TO MAKE ALL OUR WORK TRANSPARENT, ACCOUNTABLE, FAIR, AND INCLUSIVE

Top 10 Inpatient Diagnoses Nashville Area Federally Operated Programs Based on Claim Payments and ICD-9 Code Groups.**



Top 10 Outpatient Diagnoses Nashville Area Federally Operated Programs Based on Claim Payments and ICD-9 Code Groups.



DIAGNOSIS CATEGORY	PAID
DRUG DEPENDENCY	\$127,913
NEOPLASMS	\$61,638
HEART DISEASE	\$59,090
ALCOHOL ABUSE	\$57,845
CHOLELITHIASIS/GALLBLADDER	\$55,181
FRACTURES & SPRAINS	\$43,203
GALLBLADDER/PANCREAS DISEASE	\$42,691
SKIN & SUBCUTANEOUS DISEASE	\$38,844
POISONING	\$37,896
HORMONAL & METABOLIC DISEASE	\$30,998

DIAGNOSIS CATEGORY	PAID
NERVOUS SYSTEM DISORDERS	\$27,942
GENERAL SYMPTOMS	\$27,897
CONNECT TISSUE/MUSCULOSKELETAL	\$17,006
TONSILLECTOMY, ADENOIDECTOMY	\$11,706
HEART DISEASE	\$11,384
NEOPLASMS	\$10,545
RESPIRATORY SYSTEM DISORDER	\$10,541
FEMALE GENITAL ORGANS DISORDER	\$9,214
KIDNEY/URINARY TRACT DISEASE	\$8,550
ALLERGIES, UPPER RESPIRATORY	\$7,421

NOTES:

* Sites include Micmac, Catawba, Manlius, Mashpee, & Tuscarora

** International Classification of Diseases, Ninth Edition

PRIORITY 5: TO IMPROVE CUSTOMER SERVICE



Nashville Area Office provides influenza vaccines to NAO and USET employees and families.



The Employee Association organized multiple events including a St. Patrick's Day celebration.



Southeast Region Area Directors meet to make quality health care improvements in the Southeast Region, sharing resources in talent and subject matter experts.

Internal Customer Service

The Area's First Impressions Team, established in 2010, continues to welcome all visitors to the NAO and takes the lead in orienting new employees to the Area Office. 11 new hires to the Nashville Area Office were provided orientation through the First Impressions Team during calendar year 2012. In support of improving customer service, the First Impressions Team has taken the initiative to release monthly "customer service challenges" to all Nashville Area employees to help improve communication processes and improve overall customer service skills.

The Chief Medical Officer assisted the Chief Nurse Officer in administering influenza vaccine to Nashville Area Office and USET employees and family members.

The Catawba Service Unit held monthly educational training opportunities during staff meetings, and started an Employee Of The Month Award program.

The Nashville Area has a very active Employee Association that organized events to improve morale and team-building activities designed to strengthen working relationships.

Developed a resource reference for internal customers that encompasses standard scopes of work for common services, supplies and equipment needs. This was implemented to better support our service units in creating complete scopes of work in efforts to expedite the award and receipt of goods or services.

Assigned procurement technician to the service unit contracting workload to improve tracking, quality and success of procurement actions.

Organized and delivered training to internal customers, service unit and division director managers on how to write scopes of work Contracting Officers Representatives - level 1.

Updated and presented template new area standard request for contract action memo to improve instructions to customers and improve quality of acquisitions.

Worked with IHS Headquarters to administer the IHS Exchange Email servers. Ensured that local users accounts are processed correctly and users can access their email from IHS controlled servers.

Conducted monthly conference calls with the Health System Administrator's to discuss and review budget and contracting issues. The conference calls improve the communication between the Health System Administrator's, Finance and Contracting.

Conducted quarterly, in person budget meetings with the Health System Administrator's and Division Director's to review their departmental budgets which included year end projections to show their current spending and what their budget would look like at the end of the year at their current spending rate.

Reviewed Capital Human Resources documents, P-Cards, Requisitions, Request for Contract Actions, Public Law 86-121 Construction Projects, Gov-Trip, for Funds Available with an average of 1 to 2 days processing time.

External Customer Service

Organized and conducted 2011 Area Awards and Promotion Ceremony (December 2011). The Awards ceremony was very successful; 130 people attended. Recognition of area and tribal staff that significantly contributed towards meeting objectives of IHS and Area was achieved.

The Chief Medical Officer provided technical assistance via telephone consultation to almost every Tribe/ Nation within the Nashville Area.

All federally-operated service units regularly implemented customer satisfaction surveys. Also, the service units each held local annual health fairs.

The Catawba Service Unit Business Office provided patient education of the contract health service process by developing easy-to-follow flowcharts of the process. The Catawba Service Unit also held three Customer Service Weeks filled with exciting activities and education for internal and external customers.

The Mashpee Wampanoag Health Service Unit taught patients, through a six week program, about chronic disease management.

Staff at the Micmac Service Unit work with another staff member (partner) in selecting, gathering and displaying educational materials to the patients on a monthly basis. These educational displays have covered topics such as Native American Month, Recognizing our Veterans, Sun Safety, Breast Cancer Awareness, Importance of Immunizations, Bike Safety, etc.

The Micmac Service Unit held the 3rd Annual Customer Appreciation Week October 1-5, 2012 for both the external (patients, vendors, Tribal Leadership, etc.) and the internal customers (staff, visiting personnel from other Service Units, etc.) Educational materials and/or demonstrations were provided on the Affordable Care Act, Diabetes Screenings, Chair Exercises, etc.

Car Seat Program: 15 infant and toddler car seats were distributed by Community Health from the Micmac Service Unit with hands-on instructions and education on proper usage.

The Unity Healing Center remodeled the lobby area so that it is more inviting and comfortable for families and other visitors. Remodel included provision of space for two employees so that there is always someone there to greet visitors.

Improved communications to our external customers through the revitalization of the OPH newsletter, The OPH Connection, with four issues published that focused on the Government Performance and Results Act (GPRA), the Electronic Health Record (EHR), a Back to School edition that covered immunizations and prevention, and Preventing Family Violence.

The Office of Public Health expanded its services to include quality improvement advisement to Area Tribes. A Quality Improvement Coordinator was hired to assist the Area Office operating divisions, federal service units, and tribal programs in planning activities to improve support services and overall health care delivery.



Twenty-six National and Area RPMS trainings were held at the Nashville Area Office.

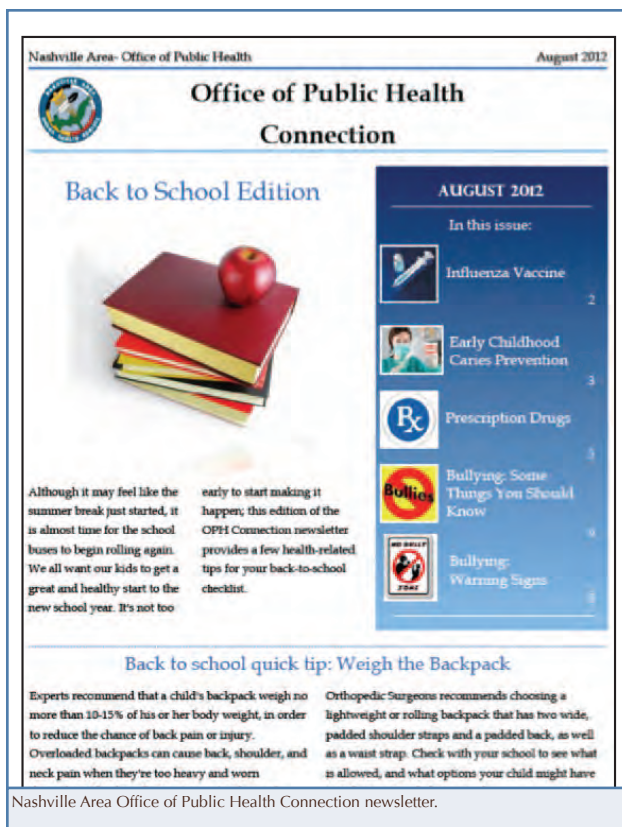


Nashville implemented Lunch & Learn events that featured information on various topics such as improving customer service skills.



Quality Improvement Specialist John Shutze presents about PowerPoint tips at a Lunch & Learn event.

PRIORITY 5: TO IMPROVE CUSTOMER SERVICE



Unity Healing Center remodeled their lobby into a more inviting and comfortable space.

Working collaboratively with the United South and Eastern Tribes, Inc. Dental Support Center, the Office of Public Health developed the first Nashville Area Dental Resource Guide for dental providers, an electronic guide of multiple documents to help improve the delivery of dental care in IHS and tribal programs in the Area that was successfully distributed in FY 2012.

Led the renovation of the Manlius Field Office that originally accommodated only Sanitation Facilities Construction (SFC) and Contract Health Services (CHS) programs. Worked across multiple divisions between Nashville Area to complete the renovation. The renovation efficiently tailors the space to accommodate several additional staff, including an Environmental Health Officer, a Tribal Utility Consultant, and an IT Specialist. Now that these additional staff can be accommodated, a variety of different services to Tribes in the area will improve.

Provided online survey to each Tribe after environmental health survey visit to assess if customer needs were met. 100% of customers who responded rated the services provided Environmental Health Service staff as excellent (highest rating).

Provided 26 National and Area RPMS trainings assisted by the Division of Information Resources Management.

Assisted tribal facilities with the installation of the IHS RPMS Third Party Billing system, which will aid tribal locations in generating future 3rd party collections. Monies collected can be used to expand the health programs located in those remote locations.

Medicaid Form 837 HCFA 5010 was tested and configured for production at Catawba, Micmac, Houlton, Penobscot and Indian Township. This will help to increase revenue for those locations.

The Nashville Area hired 37 individuals to better serve our customers – see our New Staff on page 26.



The Nashville Area Directors Awards Ceremony recognizes Area employees and Tribal Partners for their dedication to the IHS mission. Awards include pottery from the Catawba Indian Nation.



The Nashville Area Director's Awards Ceremony recognizes Area Employees and Tribal Partners for their dedication to the IHS mission.



The Nashville Area Director's Awards Ceremony recognizes Area Employees and Tribal Partners for their dedication to the IHS mission.



Marilynn Malerba, Tribal Chairperson of Mohegan Tribe, receives Director's Award for Excellence for lifelong advocacy of Indian Health care, serving on numerous work groups, representing all tribal nations, protecting and preserving health care resources.



The Office of Public Health held an Area Nurse, Dental, and Behavioral Health Meeting in 2012.



The Annual Year-End Kickoff celebrates the end of FY 2011 and the start of FY 2012!



Sydney Rae Ketcher, Native American Indian Association Princess, addresses the NAO in celebration of National American Indian and Alaskan Native Heritage Month.



The NAO celebrates the retirements of CAPT Philip Rapp and CAPT Michael "Mickey" Rathsam after 58 years of combined service to the US Public Health Service. Pictured here is CAPT Rapp with Area Director Martha Ketcher.



The NAO celebrates the retirements of CAPT Philip Rapp and CAPT Michael "Mickey" Rathsam after 58 years of combined service to the US Public Health Service. At right, CAPT Rathsam enjoys snacks at a party in honor of his service.



The Nashville Area celebrated the holiday season with fellowship activities!

NASHVILLE AREA TRIBES AND PARTNERS



Alabama-Coushatta Tribe of Texas



Aroostook Band of Micmac Indians



Catawba Indian Nation
of South Carolina



Cayuga Nation of Indians



Chitimacha Tribe of Louisiana



Coushatta Tribe of Louisiana



Eastern Band of Cherokee Indians



Houlton Band of Maliseet Indians



Jena Band of Choctaw Indians



Mashantucket Pequot Tribal Nation



Mashpee Wampanoag Tribe



Miccosukee Tribe of Indians of Florida



Mississippi Band of Choctaw Indians



Mohegan Tribe of Connecticut



Narragansett Indian Tribe

NASHVILLE AREA TRIBES AND PARTNERS



Oneida Indian Nation of New York



Onondaga Nation of New York



Passamaquoddy Tribe Indian Township



Passamaquoddy Tribe Pleasant Point



Penobscot Indian Nation



Poarch Band of Creek Indians



Seminole Tribe of Florida



Seneca Nation of Indians



Shinnecock Indian Nation



St. Regis Mohawk Tribe



Tonawanda Seneca Nation



Tunica-Biloxi of Louisiana



Tuscarora Nation



United South & Eastern Tribes, Inc.



Wampanoag Tribe of Gay Head Aquinnah

NEW FACES IN THE NASHVILLE AREA



LaToya Boldridge
Accounting Technician
NAO/DFM



Timothy Burden
HR Specialist
NAO/DTS



Cynthia Chennault
Dental Hygienist
Catawba SU



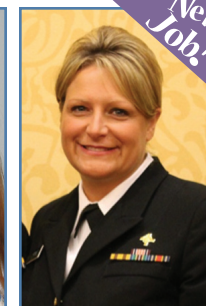
Francis Chua
Supervisory Environmental
Engineer
NAO/OEHE



Theresa Cochran
Health Systems Administrator
Micmac SU



Susan Collins
Supervisory Clinical Nurse
Micmac SU



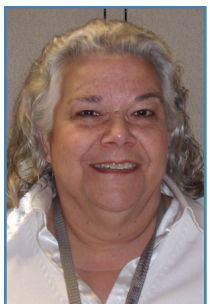
Tonya Cornwell
Health Systems Administrator
Catawba SU



Matthew David
Physician Assistant
Catawba SU



Kendall Dealy
IT Specialist
NAO/DIRM



Lorna Ferrell
Medical Support Assistant
Catawba SU



Ronald Fogle
Materials Handler
NAO/OEHE



Misti Houck
Pharmacist
Catawba SU



Ashley Jernigen
Public Health Advisor
NAO/OAD



Harold "Rocky" Jones
HR Specialist
NAO/DTS



Marla Jones
Management Analyst
NAO/OAD



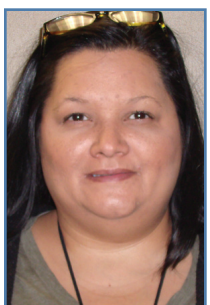
Joan Keith
Program Support Specialist
NAO/DTS



Michelle Nahlee
Contract Specialist
NAO/DEAA



Louise Peceovich
Physician Assistant
Catawba SU



Shanna George-Perry
Accounting Technician
Catawba SU



Alires Price
Pharmacy Technician
Catawba SU



Jimmy Reedy
Property Disposal Specialist
NAO/OEHE



Andrew Rhoades
Procurement Technician
NAO/DEAA



Leah Smith
Accounting Technician
NAO/DFM



Mitch Wright
Supervisory IT Specialist
NAO/DIRM



Mary Yazzie
Office Automation Clerk
NAO/DTS

Not Pictured:

Alexandra Armitage
Family Nurse Practitioner
Mashpee SU

Elon Banks

Health Technologist
Mashpee SU

Kathleen Bird

Contact Representative
Mashpee SU

Denise Cardoza

Medical Records
Technician
Mashpee SU

Magdalena Castaneda
Substance Abuse
Specialist
Mashpee SU

Kristine Foster

Administrative Support
Assistant
Mashpee SU

Edwina Johnson-Graham
Health Technologist
Mashpee SU

Wampisuk Mills
IT Specialist
Mashpee SU



Nashville Area Indian Health Service

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Nashville, Tennessee 37214
(615) 467-1500 · (866) 477-6261
www.ihs.gov/Nashville
www.facebook.com/IHSNAO

Nashville Area Office

Office of the Area Director	615-467-1500
Office of Tribal Activities	615-467-1576
Office of Public Health	615-467-1600
Office of Environmental Health & Engineering	615-467-1535
Office of Management Support	615-467-1500
Division of Extramural Awards & Agreements	615-467-1515
Division of Financial Management	615-467-1520
Division of Information Resources Management	615-467-1525

Federal Service Units

Catawba Service Unit	803-366-9090
Mashpee Service Unit	508-477-0208
Micmac Service Unit	207-764-6968
Unity Healing Center	828-497-3958

Field Offices

Atmore Field Office	251-368-8265
Bangor Field Office	207-941-9921
Catawba Field Office	803-366-9090
Manlius Field Office	315-682-3167
Opelousas Field Office	337-948-4328



Nashville Area Indian Health Service

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